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APPLICATION NUMBER	FILING DATE	FIRST NAMED APPLICANT	ATTY. DOCKET NO./TITLE
08/933,181	09/18/1997	TERRY BRADY	P62245 US 0

CONFIRMATION NO. 6125



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Jerold I. Schneider
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Date Mailed: 01/23/2001

NOTICE REGARDING POWER OF ATTORNEY

This is in response to the Power of Attorney filed 01/10/2001.

The Power of Attorney in this application is accepted. Correspondence in this application will be mailed to the above address as provided by 37 CFR 1.33.

Julie Boyd
Office of Petitions

Customer Service Center

Initial Patent Examination Division (703) 308-1202

ATTORNEY/APPLICANT COPY

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- ☒ Assignment ☐ Merger
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Execution Date: 9-15-97

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Name: Array Medical, Inc.

Internal Address: _____

Street Address: One Harvard Way
Somerville, New Jersey 08876

City: _____ State: _____ ZIP: _____

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4. Application number(s) or patent number(s):

If this document is being filed together with a new application, the execution date of the application is: 9-15-97

A. Patent Application No.(s)

B. Patent No.(s)

Additional numbers attached? ☐ Yes ☒ No

5. Name and address of party to whom correspondence concerning document should be mailed:

Name: Ralph T. Lilore

Internal Address: _____

Street Address: 1425 Broad Street

City: Clifton State: NJ ZIP: 07013

6. Total number of applications and patents involved: one

7. Total fee (37 CFR 3.41):..... \$ 40.00

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Ralph T. Lilore

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9-18-97
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